

MAGI-BASED ELIGIBILITY VERIFICATION PLAN (Insert Medicaid, CHIP, or Both) State: Medicaid & CHIP Virginia								
Section A. Verification Procedures for Factors of Eligibility								
Eligibility Factor	Self-Attestation Accepted without Additional Verification (Y/N)	Self-Attestation Accepted with Post-Eligibility Verification (Y/N)	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for Income	Ask for a Reasonable Explanation from the Individual (Y/N)	Paper Documentation Required from the Individual (Y/N)	Comments
Income*	NO	NO	YES	Both are above, at or below the applicable income standard. Percent Threshold	10%	YES	YES	<p>If individual attests to income below the applicable standard and data sources indicate income above the applicable standard, if difference between the two is 10% or less, will accept attestation. If difference is more than 10%, will first ask for a reasonable explanation and if necessary, will request further verification, which could be paper documentation from individual. If no data sources exist to verify attestation and attestation is below the income level, will require an explanation or paper documentation.</p> <p>If individual attests to income above the applicable standard and data source indicates income below the standard, the state will accept the attestation of the higher income as the most current data available and, therefore, find the individual ineligible for Medicaid and refer to FFM.</p>

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Residency	YES	NO	NO	N/A	N/A	NO	NO	Accept self-attestation unless information received is questionable or inconsistent with other information that the agency has obtained for other purposes.
Age (Date of Birth)	YES	NO	NO	N/A	N/A	NO	NO	Accept self-attestation unless information received is questionable or inconsistent with other information that the agency has obtained for other purposes. In those cases, Date of birth can be verified through match with SSA.
Social Security Number **	NO	NO	YES	N/A	N/A	N/A	YES	Additional documentation required from individual ONLY if SSA unable to verify SSN
Citizenship **	NO	NO	YES	N/A	N/A	N/A	YES	Additional documentation required from individual ONLY if citizenship unable to be verified electronically
Immigration Status **	NO	NO	YES	N/A	N/A	N/A	YES	Additional documentation required from individual ONLY if immigration status unable to be verified electronically
Household Composition	YES	NO	NO	N/A	N/A	NO	NO	Accept self-attestation unless information received is questionable or inconsistent with other information that the agency has obtained for other purposes.
Pregnancy ***	YES	NO	NO	N/A	N/A	NO	NO	
Caretaker Relative	YES	NO	NO	N/A	N/A	NO	NO	
Medicare	NO	NO	YES	N/A (reference the comments)	N/A	NO	YES	Will verify receipt of Medicare through SSA (SOLQ-I). If discrepancy is found then paper documentation is requested. Medicare verification will occur for every individual providing a Medicare number.
Application for Other Benefits	NO	NO	YES	N/A (reference the comments)	N/A	NO	YES	Will request paper documentation only when electronic data source not available for benefit

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Other: (Please describe any other eligibility factors in the space below)								
<p>* States must check electronic data sources determined useful to verify income in accordance with 42 CFR 435.948 but can be done post-enrollment. If the information obtained from electronic data sources and the information provided by or on behalf of the individual are both above, at or below the applicable income standard, the State must determine the applicant eligible or ineligible for Medicaid/CHIP. (NOTE: this option is prepopulated for the state and is not an option that can be changed).</p> <p>** States must follow statute, regulations, and guidance for verification of SSN, citizenship and immigration status including obtaining such information through the federal data services hub if available.</p> <p>*** States must accept self-attestation of pregnancy unless they have information that is not reasonably compatible with such attestation.</p>								

MAGI-BASED ELIGIBILITY VERIFICATION PLAN (Insert Medicaid, CHIP, or Both) Medicaid & CHIP State: Virginia Section B1. Use of Electronic Data Sources Financial:												
Electronic Data Source	Determined Useful (Y/N) ¹	Accuracy Considered (Y/N)	Timeliness Considered (Y/N)	Ability to Access Considered (Y/N)	Age of Data Considered (Y/N)	Comprehensive Considered (Y/N)	Other Criteria Used (Y/N) (Please Describe in Comments section)	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post-Enrollment (Y/N)	If Data Source Used for Post-Enrollment - Frequency Used (e.g. monthly, quarterly)	Comments
1. Internal Revenue Service (IRS)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Have not seen the information, so unable to accurately determine how useful it will be. However, we are assuming data will be useful
2. Social Security Administration (SSA) (SSI, Title II)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		
3. State Wage Information Collection Agency (SWICA)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		
4. State Unemployment Compensation	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		
5. State Administered Supplementary Payment Program	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Data source only for non-MAGI, ABD population already in Medicaid
6. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Data source only exists in a few localities and there is no way to verify dollar amount.
7. Supplemental Nutrition Assistance Program (SNAP)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		If the SNAP program has raw income information on an ongoing case that has medical assistance attached, VA may use the income data for verification purposes. The data is only available at the local level and may not be able to access through a centralized call center.

Electronic Data Source	Determined Useful (Y/N) ¹	Accuracy Considered (Y/N)	Timeliness Considered (Y/N)	Ability to Access Considered (Y/N)	Age of Data Considered (Y/N)	Comprehensive Considered (Y/N)	Other Criteria Used (Y/N) (Please Describe in Comments section)	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post-Enrollment (Y/N)	If Data Source Used for Post-Enrollment - Frequency Used (e.g. monthly, quarterly)	Comments
8. Temporary Assistance for Needy Families (TANF)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		If the TANF program has raw income information on an ongoing case that has medical assistance attached, VA may use the income data for verification purposes. The data is only available at the local level and may not be able to access through a centralized call center.
9. Office of Child Support Enforcement (OCSE)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Not relevant under MAGI; no longer counted as income.
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Medicaid does not have legal authority to access
11. Commercial database: (Pease describe any commercial databases in the space below)												
The Work Number	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Will use this data source if available through the Hub on Day 1; otherwise will use this source through current process as needed.
12. Other: (Please describe any additional electronic data sources in the space below)												
PARIS	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	Quarterly	Used for instances of unreported income by the recipeint Fraud Unit. Not used for any eligibility or renewal determination.
1. The state marked any criterion YES if they were considered in determining the usefulness of the electronic data source; however, the determination of whether the data source was useful/not useful did not rest solely on these criteria.												

MAGI-BASED ELIGIBILITY VERIFICATION PLAN (Insert Medicaid, CHIP, or Both) State: Medicaid & CHIP Virginia Section B2. Use of Electronic Data Sources Non-Financial:																	
Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post-Enrollment (Y/N)	If Used for Post-Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
1. Social Security Administration (SSA)	YES	YES	YES	NO	NO	NO	NO	NO	NO	YES	YES	NO	YES	YES	NO		Used at renewal for Medicare and Application for other Benefits only. Age/DOB is available through SSA if needed to resolve inconsistencies that the state is made aware of.
2. Department of Homeland Security (DHS) - SAVE	YES	NO	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO		Only used at renewal for those individuals whose immigration status is likely to change and for the 5-year bar.
3. Vital Statistics	YES	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO		Used only if other electronic sources not available Age/DOB information is available through vital statistics if needed resolve inconsistencies that the state is made aware of.
4. Department of Motor Vehicles (DMV)	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO	NO		Used only to verify identity in the context of citizenship, if necessary, if other electronic sources not available. Will not use to verify residency as not considered reliable.
5. Temporary Assistance for Needy Families (TANF)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post-Enrollment (Y/N)	If Used for Post-Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
6. Supplemental Nutrition Assistance Program (SNAP)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
7. Office of Child Support Enforcement	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
8. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
9. Women, Infants and Children Program (WIC)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
11. Commercial database: <i>(Please describe any commercial databases in the space below)</i>																	
13. Other: <i>(Please describe additional electronic data sources in the space provided below)</i>																	
12. PARIS*	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	Quarterly	Used for third party liability, veteran information and instances of unreported income
* Under 42 CFR 435.945(d), all State Medicaid eligibility systems must conduct a match with PARIS for Interstate benefit information. If used for other purposes, please indicate in Section D.																	

MAGI-BASED ELIGIBILITY VERIFICATION PLAN (Insert Medicaid, CHIP, or Both) Medicaid & CHIP State: Virginia						
Section C . Additional Factors of Eligibility for Separate CHIP						
Eligibility Factor	Self-Attestation Accepted without Additional Verification	Self-Attestation Accepted with Post-Enrollment Verification (Y/N)	Electronic Data Source Used (Y/N) <i>If Yes, please describe in comments</i>	Paper Documentation Required from the Individual (Y/N)	Non- Applicable (N/A)	Comments
1. Applicant does not have other coverage	YES	NO	NO	NO	Must be Applied	The CHIP Medicaid expansion program follows the same verification procedures.
2. Applicant does not have access to affordable ESI	YES	NO	NO	NO		
3. When child has had coverage (as applicable to states' waiting period)	NO	NO	NO	YES		Certain reasons for dropping health insurance must be verified.
4. Access to public employee coverage	YES	NO	NO	NO		
5a. Waiting period exception #1 (describe):	YES	NO	NO	NO		The family member who carried insurance changed jobs or stopped employment, and no other family member's employer contributes to the cost of family health insurance coverage. Verification is not required.
5b. Waiting period exception #2 (describe):	YES	NO	NO	NO		The employer stopped contributing to the cost of family coverage and no other family member's employer contributes to the cost of family health insurance coverage. Verification is not required.
5c. Waiting period exception #3 (describe):	NO	NO	NO	YES		The child's coverage was discontinued by an insurance company for reasons of uninsurability, e.g., the child has used up lifetime benefits or the child's coverage was discontinued for reasons unrelated to payment of premiums. Verification is required from the insurance company.

Eligibility Factor	Self-Attestation Accepted without Additional Verification	Self-Attestation Accepted with Post-Enrollment Verification (Y/N)	Electronic Data Source Used (Y/N) <i>If Yes, please describe in comments</i>	Paper Documentation Required from the Individual (Y/N)	Non- Applicable (N/A)	Comments
5d. Waiting period exception #4 (describe):	YES	NO	NO	NO		Insurance was discontinued by a family member who was paying the full cost of the insurance premium under a COBRA policy AND no other family member's employer contributes to the cost of family health insurance coverage. Verification is no required.
5e. Waiting period exception #5 (describe):	YES	NO	NO	NO		Insurance on the child is discontinued by someone other than the child (if 18 years of age), or if under age 18, by the child's parent or stepparent, e.g., the insurance was discontinued by the child's grandparent, aunt, uncle, godmother, etc. Verification is not required.
5f. Waiting period exception #6 (describe):	NO	NO	NO	YES		Insurance on the child is discontinued because the cost of the health insurance premiums for all family members exceeds 10% of the family's GROSS monthly income or exceed 10% of the family's GROSS monthly income at the time the insurance was discontinued. Documentation of the amount of the monthly premiums is required.
5g. Waiting period exception #7 (describe):	NO	NO	NO	YES		The child's prior health insurance was through Medicaid, CHIP, HIPP, or the insurance is not considered creditable coverage.
5h. Waiting period exception #8 (describe):	NO	NO	NO	YES		The prior health insurance did not have doctors in the area where the child lives.
5i. Waiting period exception #9 (describe):	YES	NO	NO	NO		Pregnancy
5j. Waiting period exception #10 (describe):					N/A	
6. Other eligibility factors or exceptions to eligibility factors: <i>(Please describe in the space provided below)</i>						

MAGI-BASED ELIGIBILITY VERIFICATION PLAN (Insert Medicaid, CHIP, or Both) State:			Medicaid & CHIP Virginia
Section D. Additional Verification Questions			
	Question	Response	
1	If paper documentation is required when a data source is not available or the information obtained from a data source is not reasonably compatible with the information provided by or on behalf of the individual, briefly describe how the state determined that establishing and using an electronic data source was not effective, considering such factors as cost and program integrity in accordance with 42 CFR 435.952(c):	The state accepts self-attestation without additional verification of many factors of eligibility. For those that we do not, the state utilizes all available electronic data sources, included vital statistics as a back-up for citizenship, and asks for a reasonable explanation prior to requesting documentation. State does not have legal authority to access all sources of income which might be available, e.g., state income tax data. State will only require paper documentation when electronic sources are not available or information is not reasonably compatible	
2	Please describe how the state uses PARIS?	Used for third party liability, veteran information and instances of unreported income. Used also to verify receipt of benefits in another state	
3	Please indicate (YES) or (NO) if the State intends to request Secretarial approval to solely use alternative data sources for financial verification other than those listed in 42 CFR 435.948 (Numbers 1-8 in Section B-1).	NO	
	If (YES), please submit a letter to CMS requesting such approval describing how the state meets the following requirements: 1) Reduces administrative costs and burdens on both individuals and the State, 2) Maximizes accuracy and minimizes delay, 3) Meets the requirements related to confidentiality, disclosure, maintenance and use of information, and 4) Promotes coordination with other insurance affordability programs.		
4	Please indicate (YES) or (NO) if the State intends to request Secretarial approval to use a mechanism other than the federal data services hub for information that is available through the hub.	NO	

	Question	Response
	<p>If (YES), please submit a letter to CMS requesting such approval describing how the state meets the following requirements:</p> <ul style="list-style-type: none">1) Reduces administrative costs and burdens on both individuals and the State,2) Maximizes accuracy and minimizes delay,3) Meets the requirements related to confidentiality, disclosure, maintenance and use of information, and4) Promotes coordination with other insurance affordability programs.	
5	<p>Describe any additional MAGI-based eligibility verification policies and procedures that have not been covered in this verification plan (optional):</p>	None

Section A. Additional Comments
Section B1. Additional Comments
Section B2. Additional Comments
Section C. Additional Comments